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ABSTRACT

Data relating to population and family planning in six foreign countries are presented in these situation reports. Countries included are Laos, Malawi, Pakistan, Republic of Korea, Somali Democratic Republic, and Tunisia. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (JP)

Situation Report

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Country LAOS

Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/8

ED 093651

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		236,800 sq. kms.[1]
Total Population		3,033,000 (1971)[1]
Population Growth Rate	2.7%	2.4% p.a. (1963-71 average)[1]
Birth Rate		45.9 per 1,000 (1971)[1]
Death Rate		17.2 per 1,000 (1965-70)[1]
Infant Mortality Rate		123 per 1,000 (1971)[2]
Women in Fertile Age Group (15-44 yrs)		381,000 (1971)[3]
Population Under 15 yrs		41.7 to 53.6% (1970)[2]
Urban Population		7% (1970)[4]
GNP Per Capita	US$59(1958)	US$120 (1970)[5]
GNP Per Capita Growth Rate		1.9% (1960-70 average)[5]
Population Per Doctor	37,000	52,600 (1969)[6]
Population Per Hospital Bed		2,830 (1969)[6]

1 UN Demographic Yearbook 1971.

2 Population Programme Assistance 1972, United States Agency for International Development.

3 Local estimate.

4 Population Reference Bureau 1972.

5 World Bank Atlas 1972.

6 UN Statistical Yearbook 1971.

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GENERAL BACKGROUND

Formerly part of French Indochina, Laos became an autonomous member of the French Union in 1949 and achieved full sovereignty in 1953. Laos is a constitutional parliamentary monarchy with the King, H M Sisavang Vatthana, as Head of State and Commander in Chief of the Army. Executive powers are exercised by the Prime Minister and Council of Ministers.

The royal capital is Luang Prabang and the administrative capital is Vientiane, with a population of 210,000. Population density was 13 per sq. km. in 1971.

Since there has never been a national census, population and basic health data remain estimates. United Nations Fund for Population Activities is financing the first census, which began in 1973.

Ethnic Groups

About half of the people are ethnic Lao, and half are Indochinese and proto-Malay hilltribe people. The two most influential minorities are the Chinese and the Vietnamese.

Language

The official language is Lao, spoken by two-thirds of the population. French is the second official language, and there are numerous tribal languages.

Religion

The predominant and state religion is Hinayana Buddhism. The mountain tribes are principally animist.

Economy

Eighty percent of the population live in rural areas and engage in subsistence agriculture, predominantly wet rice farming. Although Laos is potentially self-sufficient in agriculture, the war and inadequate transport have resulted in the country's heavy dependence on food imports, costing an estimated $4.5 million annually in foreign exchange. Industry is limited to a few enterprises. Tin is the country's leading export, followed by wood, forest products, and green coffee; sawmilling is the largest manufacturing industry. In 1969, exports were valued at $2.0 million, imports at $42.2 million; the deficit is financed by foreign aid, notably from the U.S.A.

Communications/Education

In 1967, Laos had 7 daily newspapers with a circulation of 8,000, i.e., 3 per 1,000 inhabitants. In 1970, there were 50,000 radio receivers in use, i.e., 11 per 1,000 population. The Lao school system is in transition from a French to a Lao national system, using Lao teachers and the Lao language. Education is compulsory for three years. University-level education is available, and the Kingdom has schools of nursing and of medicine. Although present school enrollments have increased rapidly over the past 15 years, only 27% of the 5-19 age group were students during the 1970-71 school year.

Medical/Social Welfare

Aside from benefits provided to retired civil servants, there is no national social security system. The Government's largest welfare effort has been to help the estimated 600,000 refugees displaced by the war since 1962.

Laos has never had enough trained medical personnel or facilities. In 1969 Laos had 53 medical doctors (40 of those foreign instructors at the School of Medicine); 676 practical nurses; 400 graduate, rural, and assistant midwives; 15 hospital and secondary hospitals with 1021 beds; 127 dispensaries; and 269 rural midwifery posts. The highest priority since 1963 has been medical care for war refugees and victims, rather than public health programs. However, World Health Organization and United States Agency for International Development are funding the construction of a 200-bed National Maternal and Child Health Centre in Vientiane and 10 rural maternal and child health centres.

FAMILY PLANNING SITUATION

The Lao Family Welfare Association was established in Vientiane in January 1969, with the help of Dr. Gore from IPPF and under the sponsorship of the Lao Red Cross. The first year of the Association was one of consolidation in organisation and programme. Because of the critical political situation and lack of trained personnel, activities are centred around Vientiane, but it is hoped to reach the villages through advertising and publicity. At present, there is a dearth of trained doctors, midwives and nurses in family planning.

Until 1971, the Government was not inclined towards family planning. In 1971, however, it formed an inter-ministerial Commission for the Study of Population and Family Well-Being to study the issue. The findings were positive and in 1972, in order to broaden the scope of the programme, and to encourage development, a permanent inter-ministerial Commission for the Promotion of Family Well-Being was established by presidential decree.

Legislation

The French anti-contraceptive legislation of the 1920s is still in the statute book.

Abortion

Abortion is illegal but seems to be widespread.

FAMILY PLANNING ASSOCIATION

Address

Lao Family Welfare Association,
Sakarine Road - B.P. 786
Vientiane,
LAOS.

Cable: LFWA VIENTIANE

Telephone: 3929

Officers

President:	H E Houmphanh Saignasith
1st Vice President:	H E Khamking Souvannarasy
2nd Vice President:	Dr. Chantho
Secretary General:	Dr. Maniso Abhay
Vice Secretary General:	Mrs. Sommail Sackda
Treasurer:	Dr. Sinhay Norasing
Training:	Dr. Nhenara Chounramany
Information and Education:	Dr. Tiao Jaisvad Visouthipongs
Research and Evaluation:	Mr. Boun Oum Sisaveui

History

Dr. Gore of IPPF visited Laos three times in 1966, 1968 and 1969, to discuss family planning with government officials, doctors and other interested persons. In 1966, two medical personnel were sent for training to Singapore, and in 1968 other delegates were sent. In January 1969, the Family Welfare Association was formed and since then association members have participated actively in regional workshops and seminars. The Association became an IPPF member in October 1973.

Services

In 1972, the Association provided services through 15 fixed and 6 mobile clinics, and extended clinic facilities to rural areas. During 1972 the Association served 3,950 new and 5,854 continuing acceptors. Orals were the most popular method. Among the new acceptors 3,093 chose orals, 470 IUD, 175 injection and the rest chose conventional methods. In 1973, 7 of the Associations clinics were transferred to the Government, which now runs a total of 14 clinics. The Association continues to operate 5 fixed and 6 mobile clinics. Mobile clinics' visits were reduced in 1973 because of security problems in rural areas, but 3 more mobile clinics are planned for 1974. The refugee pilot project which opened in 1971 now has a permanent building and a full-time rural midwife. The expansion of similar projects will depend on the results of this experimental project.

Information and Education

The Association continues to stress influencing opinion leaders as its target audience. Lecture forums are held and pamphlets and other literature distributed. In 1972, 30,000 copies of 5 varieties of pamphlets were distributed. The Association has developed a family planning theme song and used it in a radio commercial with a short speech on the Association's role and family planning services in Laos. This commercial is broadcast daily. Film shows are organised at the rate of over 150 a year. A family planning film in the Mohlam (folk media) tradition is in production.

Information and Education teams were created to conduct 2-3 day seminar-lecture in other provinces of Laos to diverse groups like village headmen, town influentials, teachers etc.

Training

In 1972, 85 government and USAID personnel including 37 midwives and 17 heads of provincial medical and health centres were trained by the Association. In 1973, the Government began jointly to sponsor training for physicians and nurses. 9 public health centre heads, 53 home economists, 45 rural midwives, 13 medical assistants and 25 refugee village heads were trained in 7 training courses organized by the Association from January to August 1973. These consisted of 3 day refresher courses and 6 day intensive courses.

Tha Association also started seminar trainings for family planning fieldworkers - 30 were trained in the Sithandone Province. In 1974, training is expected to cover 240 trainees, the majority of whom will come from rural areas and return to their provinces as motivators.

Fieldwork

Forty Government rural midwives act as motivators and distribute family planning supplies to villagers; they made approximately 8,000 visits in 1973. These midwives also collect information on attitudes and act as a link with the Association's clinics. The Association plans to recruit 12 of its own field-workers in 1974, and to post one in each province under a supervisor. They will use the government and Association clinics for referral. Tha aim is to reach 50,000 people in 1974.

Government

An inter-ministerial Commission for the Promotion of Family Well-Being was established by presidential decree in January 1972 to implement the recommendations made by a National Commission which had earlier examined population growth problems. The purposes of the inter-ministerial Commission are to reduce the rate of mortality throughout Laos, and through voluntary family planning to promote harmonious population growth and family well-being. The Government policy is aimed not at limiting births, but at better spacing. The Secretary of this Commission is the Director of Maternal and Child Health services. Laos is a member of the Inter-Government Coordinating Committee, South East Asia Regional Cooperation in Family and Population Planning.

The First Lao Seminar on Population and Family Well-Being was organised by the Commission in August 1972 to increase the base of understanding. The Ministry of Education has included population dynamics in the teaching-training programmes.

Assistance

IPPF - Since 1969, IPPF has provided assistance for family planning services to the Association. IPPF also provided for short-term in-service training on family planning to midwives.

WHO & UNICEF have provided advisory services, supplies, equipment, medications, stipends and transportation for MCH care since 1968.

WHO is helping with the integration of family planning into the nursing and midwifery curricula in the schools of Laos.

USAID has provided funds for training, technicians, commodities, construction and renovation of facilities.

Ford Foundation supported the first Lao Seminar on Population and Family Well-Being in August 1972.

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Asia Foundation - has provided funds to the Association for production of a film.

Sources

LFNA Annual Report 1972.

LFNA Report to IPPF/South East Asia and Oceania Regional Council, December 1973.

Population Program Assistance - USAID 1972.

Report of the 3rd IGCC Meeting of Senior Government Officials held in Kathmandu, December 1972.

Situation Report

Distribution *

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Country MALAWI

Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		118,484 sq.kms.
Total Population	3,490,000	4,549,000 (1971)[1]
Population Growth Rate		2.4% (1960-70)[2]
Birth Rate		49.0 per 1,000 (1965-70)[1]
Death Rate		25.0 per 1,000 (1965-70)[1]
Infant Mortality Rate		not available
Women in Fertile Age Group (15-44 yrs)		713,200 (1966)
Population Under 15 yrs		43% (1966)
Urban Population		5.4% (1970)[2]
GNP Per Capita		US$80 (1970)[3]
GNP Per Capita Growth Rate		2.1% (1960-70)[3]
Population Per Doctor		50,000 (1970)
Population Per Hospital Bed		4,951 (1967)

1 UN Statistical Yearbook 1972.

2 Information from 'World Urbanisation 1950-70' Vol. 1 by Kingsley Davis, University of California 1969.

3 World Bank Atlas 1972.

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Report

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GENERAL BACKGROUND

Malawi became an independent state in July 1964 under the Presidency of Dr. H K Banda. The country's one party is the Malawi Congress Party. In July 1971 Dr. Banda was sworn in as life president.

It is a landlocked state, squeezed between the borders of Tanzania, Zambia and Mozambique. Of its total area, 24,405 sq.kms. are water.

Malawi is one of the more densely populated countries of Africa, with an average density of about 38 per square kilometre: the majority of the population is concentrated in the south where the density reaches 309 per sq. km. The capital is being moved from Zomba to Lilongwe with South African aid in order to help redress the regional imbalance in economic development and population distribution. The largest town is Blantyre/Limbe with a population of 109,461.

Ethnic Groups

The population is very largely African, with small Asian (about 11,000) and European minorities. The most numerous tribes are the Achewa, Nyanja, Yaos, Ngoni, Lomwe, Tonga, Henga and Nkonde.

Language

English and Chichewa are the Official languages, and used in the educational system.

Religion

Over half the population follows traditional beliefs. The majority of the rest of the population are Christian: Roman Catholic (803,330), Presbyterian (741,000), Anglican (30,000). Of the Asians in Malawi, over 50% are Muslims and about 25% are Hindus. There is also s small number of African Muslims.

Economy

Malawi's economy is almost entirely dependent on agriculture. Out of an economically active population of 1.5 million, fewer than 150,000 are wage-earners inside Malawi. For the majority of men the choice lies between remaining at subsistence level or seeking work abroad. The exact number of these migrant workers is not known but an official estimate in 1969 put 129,000 in South Africa and 200,000 in Rhodesia. Cash remitted home by these workers, totalled £3.4 million in 1970.

Malawi's economic progress since independence is impressive; so much so that, in 1973, it was no longer found necessary to draw on British aid funds to balance the budget.

Malawi has ample land for development and the development philosophy is to exploit those factors it has in abundance: land and manpower.

Britain has always been the main purchaser of Malawi's exports, buying an average of 45% of all exports. Over the last decade it has replaced Rhodesia as the main supplier of Malawi's imports with an average of 30% of the total. South Africa has made little progress in the Malawi market in spite of its diplomatic offensive and grants for the Lilongwe capital and Nacala rail link projects.

Implementation of the new plan was held up by the war. This, however, provided an opportunity for further consideration of the programme and resulted in a new committee being formed in May 1972 whose responsibility was to evaluate and draw up a modified plan of action. The Family Planning Council (the central policy making organization) was reorganized in October 1972 in order to draw in members of the public and interested bodies. Provincial Boards were given more status, thus making them more effective.

The new Programme was initiated in July 1973. It will eventually cover 93% of the population though at present implementation is being hampered by floods and the aftermath of the war. The cost of the programme is estimated to be Rs. 204.8 million.

Services

A campaign has been launched to maximize contraceptive distribution through all available commercial and non commercial channels. Family planning clinics have been redesignated as Family Welfare Clinics and will hence forth provide MCH services and medicines for common ailments of mothers and children. MCH clinics of the Health Departments are now providing family planning services.

A scheme has been initiated within which all private doctors are being supplied with free samples of contraceptives to increase acceptance rates amongst their clients. 745 doctors have so far enlisted.

In May 1973 it was decided to liberalize the distribution of oral pills by making repeated medical prescriptions unnecessary. As a consequence, distribution figures have risen from 12,000 to 100,000 cycles a month.

Information and Education

Emphasis is to be placed on fieldworker motivation based on the principal of continuous motivation provided by a male and female team for every 10,000 to 15,000 population. Population officers are appointed at various levels to supervise their work. This scheme takes place in areas with a density of 300 persons per square mile. Areas of lower density will be covered by one population planning officer and two mobile teams for each 100,000 population. Each mobile team will have one male worker and one female para-medical worker.

A new type of incentives for grass roots workers has been introduced related to actual decreases in fertility rates. It is hoped that this measure will increase the commitment and efforts of the fieldworkers.

Para medicals will be introduced into hospitals and rural health centres. Female motivators will also be provided in each hospital. She will provide both family planning services and counselling.

The publicity and communications campaign is to be strengthened, using both mass media and group discussions.

Greater co-operation between family planning workers and personnel from agricultural, co-operative and health departments is envisaged. Population orientation courses are being given to the personnel from these other organizations and it is intended that ultimately they will act as family planning motivators.

The population programme will also be co-ordinated within Integrated Rural Development projects.

The possibility of including all aspects of population planning into the medical schools curricula is being discussed with the Pakistan Medical Council.

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Main exports in 1972 in order of importance were: tobacco, tea, groundnuts and cotton.

Communications/Education

There are some 6,000 miles of road; access to the north will be improved by the construction of the Lake Shore Highway which is being built with US, UK and West German Funds.

Malawi has two rail links to the sea, to the Portuguese ports of Beira and Nacala. Plans for extending the railway include a proposed link between the present rail system and the Tanzam railway at present under construction. This link would give Malawi access to the sea independent of the white-ruled regimes. There is an airport at Blantyre.

Radio	-	35.7 sets per 1,000 people (1970)
Television	-	none
Cinemas	-	0.89 seats per 1,000 people (1970)

School Enrolment

	Primary	Secondary
1968	333,876	9,283

980 students attended the University of Malawi at Blantyre in 1969.

Medical/Sorial Welfare

Life expectancy for both sexes is 38.5 years.

FAMILY PLANNING SITUATION

Family planning is discouraged by the Government, although some doctors and hospitals are able to give advice.

FAMILY PLANNING ASSOCIATION

None.

Government Attitude

The Government does not consider that the rate of population growth will impede economic development at the present time. President Banda has publicly expressed his opposition to any attempt to limit the population of Malawi.

Legislation

The Government does not allow the dissemination of family planning advice or propaganda by public or private agencies.

Plans

Efforts are being made to build up nutrition and child welfare schemes, which may in the long term be able to include family planning services.

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Sources

Europa Yearbook 1971.

Information from Dr. Cole-King, and report to the 2nd Commonwealth Medical Conference, Kampala 1968.

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International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		310,403 sq. miles[1]
Total Population	39,442,439 (1961)[2]	64,892,000 (1972)[3]
Population Growth Rate		2.9% (1972)[1]
Birth Rate		43 per 1,000 (1971)[3]
Death Rate		16 per 1,000 (1971)[3]
Infant Mortality Rate	132[4]	n.a.
Women in Fertile Age Group (15-44 yrs)	n.a.	n.a.
Population Under 15 yrs		44% (1971)[4]
Urban Population		23% (1961)[4]
GNP Per Capita		n.a.
GNP Per Capita Growth Rate		n.a.
Population Per Doctor		6,000 (1971)[1]
Population Per Hospital Bed		2,300[1]

1. Pakistan - a profile - 1973 publication of the FPA Pakistan
2. Census Result, 1961.
3. Census Result, 1972.
4. Population Programme Assistance, United States Agency for International Development.

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Women in Fertile Age Group (15-44 yrs)	n.a.	n.a.
Population Under 15 yrs		44% (1971)[4]
Urban Population		23% (1961)[4]
GNP Per Capita		n.a.
GNP Per Capita Growth Rate		n.a.
Population Per Doctor		6,000 (1971)[1]
Population Per Hospital Bed		2,300[1]

1. Pakistan - a profile - 1973 publication of the FPA Pakistan
2. Census Result, 1961.
3. Census Result, 1972.
4. Population Programme Assistance, United States Agency for International Development.

SE 017 471

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Pakistan is an Islamic State created in 1947 by partition of the Indian sub-continent. The capital is Islamabad. Density of population is 211 persons per square mile.

Language

Urdu is the national language, with many regional languages such as Sindhi, Punjabi, Balochi, Makrani and Pushtu.

Religion

85% of the population is Muslim. There are minority groups of Christians, Buddhists, Hindus and Parsees.

Economy

Pakistan is an agricultural country with 3/4 of the people engaged in agriculture and many more depending directly or indirectly upon primary agricultural activities. The main crop is wheat. An Agricultural Development Corporation has been set up for the distribution of seeds and for the improvement of agricultural techniques. Light and consumer orientated industry has been developed on a small scale. Some heavy industry like machine tools has also been developed.

Communication/Education

Universal free primary education is a constitutional right. However, of the 18 million children of school going age i.e. 5-15 years, only 6 million are adopting some sort of formal schooling.

Medical

Medical facilities are provided by the Government and local authorities free of charge. However, medical facilities are still scarce. Infant and maternal mortality rates are also high.

FAMILY PLANNING SITUATION

A family planning association was formed in 1953 and became IPPF member in 1954. Family planning was officially given recognition by the Government of Pakistan in 1960 when it was made a part of the health services. Between 1960-65, demographic and other research projects were initiated. In 1965, population was related to economic development and a target set in the 3rd five-year plan aimed at reducing birth rate from 50 to 40 by 1970. In 1970, following the change in government, the Family Planning Division was re-organized and the programme was decentralized. The family planning programme was considerably disrupted by the 1971 war but the present government gives priority to an effective Population Planning Programme.

Legislation

There is no restrictive contraceptive legislation. Abortion is available on medical grounds only.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Pakistan,
Family Planning House,
3-A Temple Road,
Lahore,
PAKISTAN.

Officials

President:	Begum Manzur Qadir
Executive Vice-President:	Dr. Mrs. Attiya Inayatullah
Vice-Presidents:	Begum Mahmuda Saleem Khan Mrs. Q Hus Dr. Mrs. Z A Fazalbhoy
Honorary General Secretary:	Rana Muhammad Yahya
Honorary Treasurer:	Mr. A K Nazir

Services

The Association provides services through 2 model clinicsk 14 rural welfare centres, and 3 urban welfare centres. Services are also provided through 11 hospitals under the Hospital Patient Motivation Scheme, 9 City Health Centres and 12 clinics integrated in clinics of other organizations.

The 2 model clinics at Lahore and Karachi offer male and female contraceptive services (including vasectomy). They also serve as training centres for medical and paramedical personnel of both the Government and the Association. They are used as research units for testing new methods and approaches. In 1972 model clinics served 7,056 acceptors of which 1,609 were new and 5,437 continuing acceptors.

The rural and the urban welfare centres are each manned by a lady health visitor and a male health assistant both of whom are resident in the area. The doctor visits these centres once a week. Approval and participation of village leaders is gained through the formation of a village committee which contributes land and buildings for the centres and residence for the staff of the centres.

Under the Hospital Patients Motivation Project lady health visitors provide individual counselling and person-to-person motivation to both out-patients and in-patients including post partum patients. This project started in 1971 and will be expanded to district and tehsil hospitals.

Contraceptives are also provided under the Industrial Coverage Scheme (see under Special Projects).

Information and Education

The FPA experimented with various types of information and education programmes and communications techniques to suit local cultural patterns. The objective in information efforts is to create a meaningful relationship between family and population size and the cultural setting. The information and education programme supports the clinical activities, field work programme

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The FPA experimented with various types of information and education programmes and communications techniques to suit local cultural patterns. The objective in information efforts is to create a meaningful relationship between family and population size and the cultural setting. The information and education programme supports the clinical activities, field work programme and other projects such as the industrial campaign.

The Association runs 13 information centres through its District Branches. These are the focal point for the Mohallah (local) motivators and develop into community centres. The Mohallah Motivation Project has met with good response. Under this project a motivator works in a selected locality of which he is a resident. He forms voluntary local committees to support his work and conducts information and education programmes and person-to-person motivation.

Informational and motivational material is produced by the Association and two of its regular publications are the quarterly "Birthright" in English and monthly "Sukhi Ghar" in Urdu.

Exhibitions and radio programmes are organised. Motivational literature, calendars and posters are also produced and printed by the Association.

Some work is being done in the curriculum development and adult literacy fields.

A Documentation Centre was set up in 1972.

Training

The Field and Communication Division is responsible for the training component of the Association. Pre-service and in-service training in motivation techniques was provided in 1972. This included 127 satisfied family planning clients at various branches, 35 lady home visitors and 5 motivators projectionists. The satisfied clients are to be used intensively in the motivational programme of the Association.

Fieldwork

The FPA's field support programme is designed for those districts where the Government's Continuous Motivation Scheme is in operation. The role of the FPA is to provide community and social support to this programme through organizing voluntary groups and units of satisfied clients, local elites, professionals and other local groups. An integrated approach of total welfare through other welfare agencies active in the community is being developed in Sialkot.

Special Projects

10 Industrial Motivation Operational Units have been established with the approval of the management, the labour unions and their leaders and workers. Male and female motivators are employed and conduct group meetings, film shows, general motivation and workers education classes and also distribute contraceptives. 11 factories are covered in this project.

The Association has completed a report on "Commercial Distribution Supply System Plan for Pakistan" with a Marketing and Management Consultancy undertaken on behalf of the Government.

The Association is undertaking a Law and Population Study with funding from UNFPA to examine the laws impinging on fertility attitudes.

Research and Evaluation

The following studies were completed:

1. Analysis of the client record cards - data for the study were collected over 7 years from Lahore Model Clinic. Characteristics of 6,332 IUD acceptors were analyzed. Report completed.

2. Mass media experiment - this study was designed to find out the effect of different methods of mass media communication for imparting knowledge on family planning among the masses. Report completed.

3. Railway train motivation - the main purpose was to evaluate the role of informal communication in educating people. Report completed.

4. Evaluation work - forms were designed for evaluation of on-going projects of the FPA and pretested in the field.

GOVERNMENT PLANS

Address

Population Planning Division,
Haroon Chambers,
Ramna 6
Islamabad.

Officials

Secretary of Health, Social Welfare and Population Planning: Mr. Mukhtar Masood

Joint Secretary/Population Council: Mr. M Allaudin

History

Implementation of the national programme is under the control of the Population Planning Division. During the Third Five Year Plan (1965-70) the Population Planning Programme aimed at reducing the crude birth rate from 50 to 40 per 1000 population. The programme emphasised:

1. motivation through, and distribution of contraceptives by, local village midwives (dais)

2. motivation by group discussion at village level

3. motivation through mass media

4. motivation by monetary incentives

Evaluation of this programme brought to light a number of short comings high drop out rate; insufficient facilities; lack of proper training and motivation of the illiterate dais; and an over emphasis on the IUD.

A new programme was devised under the Fourth Five Year Plan (1970-75) based on the concept of "continuous motivation". That is to say a programme in which a male and female team of motivators would be responsible for motivating and carrying out KAP studies in allocated areas; and all clinics would be

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Implementation of the new plan was held up by the war. This, however, provided an opportunity for further consideration of the programme and resulted in a new committee being formed in May 1972 whose responsibility was to evaluate and draw up a modified plan of action. The Family Planning Council (the central policy making organization) was reorganized in October 1972 in order to draw in members of the public and interested bodies. Provincial Boards were given more status, thus making them more effective.

The new Programme was initiated in July 1973. It will eventually cover 93% of the population though at present implementation is being hampered by floods and the aftermath of the war. The cost of the programme is estimated to be Rs. 204.8 million.

Services

A campaign has been launched to maximize contraceptive distribution through all available commercial and non commercial channels. Family planning clinics have been redesignated as Family Welfare Clinics and will hence forth provide MCH services and medicines for common ailments of mothers and children. MCH clinics of the Health Departments are now providing family planning services.

A scheme has been initiated within which all private doctors are being supplied with free samples of contraceptives to increase acceptance rates amongst their clients. 745 doctors have so far enlisted.

In May 1973 it was decided to liberalize the distribution of oral pills by making repeated medical prescriptions unnecessary. As a consequence, distribution figures have risen from 12,000 to 100,000 cycles a month.

Information and Education

Emphasis is to be placed on fieldworker motivation based on the principal of continuous motivation provided by a male and female team for every 10,000 to 15,000 population. Population officers are appointed at various levels to supervise their work. This scheme takes place in areas with a density of 300 persons per square mile. Areas of lower density will be covered by one population planning officer and two mobile teams for each 100,000 population. Each mobile team will have one male worker and one female para-medical worker.

A new type of incentives for grass roots workers has been introduced related to actual decreases in fertility rates. It is honed that this measure will increase the commitment and efforts of the fieldworkers.

Para medicals will be introduced into hospitals and rural health centres. Female motivators will also be provided in each hospital. She will provide both family planning services and counselling.

The publicity and communications campaign is to be strengthened, using both mass media and group discussions.

Greater co-operation between family planning workers and personnel from agricultural, co-operative and health departments is envisaged. Population orientation courses are being given to the personnel from these other organizations and it is intended that ultimately they will act as family planning motivators.

The population programme will also be co-ordinated within Integrated Rural Development projects.

The Ministry of Health is taking up proposals with the State Life Insurance Corporation for introducing Old Age Insurance and Small Families Insurance policies with the aim of encouraging a small family norm.

A scheme for the payment of a bonus to female employees who do not take maternity leave for three consecutive years is also being considered by relevant organizations.

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Situation Report

Distribution *

BEST COPY AVAILABLE

Country REPUBLIC OF KOREA Date FEBRUARY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			98,477 sq.kms.[1]
Total Population		24,696,000	31,435,000 (1970)[2]
Population Growth Rate		2.9%	1.9% (1970)[2]
Birth Rate	45	44.7	29 per 1,000 (1970)[2]
Death Rate		16	10 per 1,000 (1970)[2]
Infant Mortality Rate			60 per 1,000 (1970)[2]
Women in Fertile Age Group (15-44 yrs)			4,000,000 (1970)[2]
Population Under 15			42% (1970)[2]
Urban Population			40%+ (1970)[2]
GNP Per Capita	US$121 (1958)	US$126 (1963)	US$250 (1970)[3]
GNP Per Capita Growth Rate			6.8% (1960-1969)[3]
Population Per Doctor	4,500	3,000	2,133 (1971)[1]
Population Per Hospital Bed		2,656 (1962)	1,823 (1971)[1]

1 UN Statistical Yearbook, 1972.

2 October 1970 National Census results.

3 World Bank Atlas, 1972.

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GENERAL BACKGROUND

The Republic of Korea is administratively divided into 9 provinces and 2 special cities, Seoul and Pusan. The capital is Seoul with a population of 5,500,000 and a growth rate of about 7%. Pusan (pop. 2,000,000) and Tague (pop. 1,000,000), are the major cities. Population density in 1970 was 320 people per square km. The problem of density is still more acute, however, because only 1/5 of the land is arable and because of rapid urbanization. The total number of households in 1970 was 5.9 million, with an average household size of 5.4 members.

Ethnic Groups

Korean - there are no significant minority groups.

Language

Korean.

Religion

About 12% of Koreans declare a religion and about half of these are Christian and half Buddhist or Confucianist. The influence of Buddhism and Confucianism, however, is great in shaping the social attitudes of the general population. The tradition of large families and the preference for sons is strongly entrenched in the Korean social fabric and only the idea of large families is losing importance due in part to the experiences of the Korean War, and the desire for economic prosperity of each family - a measure of the rapid development of the country.

There is no strong religious opposition to family planning.

Economy

Of the population 15 years of age and over, 55% are economically active. From 1963 to 1967 the number of people working in primary industries (agriculture, forestry) decreased from 63% of the economically active population to 55%. The main agricultural products are rice, wheat and barley. Korea's principal trade is with the USA and Japan (rubber goods, plywood, textiles, toys). The number working in tertiary industry (service, transportation, commerce and government) has increased to 30% of the economically active population.

Communication/Education

Education between 6 and 12 is both free and compulsory, and it is planned to extend compulsory education to age 15. Already examinations for entrance to middle school have been eliminated. The school enrolment is 95%. There are over 6,000 elementary schools, 1608 middle schools, 889 high schools, 68 colleges and universities, and hundreds of institutes of further education and training. The literacy rate according to the 1966 census was 93% for males and 78% for females, and was substantially achieved through adult education programmes after World War II.

The Republic of Korea has fairly extensive roads and railways. International shipping lines serve the major ports of Inchon and Pusan, and the Seoul (kimpo) International airport handles frequent domestic and international flights.

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There are many radio stations broadcasting in Korean. In 1970 there were 4,012,000 radio receivers and 4,396,000 television sets with a combined daily audience of more than 16 million. There are 44 national newspapers with combined circulation of nearly 4½ million.

Medical/Social Welfare

Life expectancy at birth for those born in the 1960's is 55-60 years.

The Government provides social relief service to handicapped war veterans and war widows. Special grants or subsidies are also given to the aged, orphans and disaster victims by numerous official and voluntary bodies.

FAMILY PLANNING SITUATION

The Korean Government has carried out a national family planning programme since 1962 in co-operation with the Planned Parenthood Federation of Korea (PPFK) and some of the larger universities. It was one of the first governments in the world to establish a national family planning programme. The Government provides about a third of the family planning budget.

Korea has virtually achieved the target set ten years ago, of reducing the annual growth rate from about 3.0% to 2.0%. In the current five year plan the aim is to reach a 1.5% growth rate by 1976 and a further reduction to 1.0% in the 1980's. By 2000 the Government hopes to have reduced the growth rate to 0.5%.

Legislation

A law prohibiting the importation of contraceptives was repealled in 1961. In January 1973 government issued a revised Maternal and Child Health Law legalising induced abortion on medical grounds.

FAMILY PLANNING ASSOCIATION IPPF Member (1961)

Address

Planned Parenthood Federation of Korea,
I.P. Box 3360,
Seoul,
KOREA.

Officials

Hon. President:	Prof. Tai Young Yu
President:	Dr. Jae Mo Yang
Chairman, Board of Trustees:	Dr. Chong Chin Lee
Secretary General:	Mr. Joo Hyun Lee
Director of Information:	Mr. Sung Hee Yin

History

The PPFK was founded in 1961 as a private, voluntary association by young university professors, physicians, educators and government officials to act as a pressure group in persuading the Government to implement a family planning programme. This was achieved within a year. Since then the PPFK has acted to support and supplement the Government programme while drawing attention to programme weaknesses and initiating new projects. The PPFK receives most of its revenue from IPPF and foreign donor agencies and 10% of its budget comes from the Korean Government.

PPFK, with a permanent staff of 62 at headquarters and 135 at branch offices, has been able to implement the information/education programme. It was formerly responsible for training necessary to support the Government effort, continues to initiate pilot research and projects, and acts as a channel for foreign assistance towards research and evaluation activities.

Services

The Federation runs 14 demonstration clinics; 3 of them are recent additions constructed to provide for family planning in the urban slums of Seoul. Each clinic has a doctor, a nurse and/or midwife, a technician and a fieldworker. In addition a mobile team unit operates in Taegi City and surrounding rural areas.

The PPFK indirectly supports the clinics at Seoul National University and Yonsei University Medical colleges, both in the daily running of clinical services and in studies of contraceptives.

Acceptors	Orals	IUD	Conventional Methods	Vasectomies
1971	21,520	8,812	3,359	701
1972	33,786	13,186	15,630	2,033

In 1972, 56,817 women attended the maternal health service. 77,869 children were seen by the child health service for consultation, nutritional guidance, immunization and other treatment.

A total of 270,634 patient visits were recorded in 1972; an increase of 182,097 over the previous year. The Federation attributes this rise to an increasing emphasis on MCH and the implementation of a clinic incentive system.

Organization

PPFK is organized on a federated basis with 10 branch offices in provincial capitals and the autonomous city of Pusan. Each office engages in all activities of family planning in accordance with local needs.

Since 1968 the Federation has organized family planning "Mother's classes", the purpose of which is to develop a family planning movement lead by the people themselves. Initially they were started in the legal villages but since 1970 have been extended to administrative villages and urban areas. In 1972 moves were made to co-ordinate the classes with the "New Village Movement" aimed at rural community development which is being encouraged by the Government. There are now 23,000 classes. The Federation has assisted in the establishment and operation of Mothers Banks in order to develop the Mothers' Clubs as autonomous co-operative organizations and to provide funds for the proper education and up bringing of the members' children. At the

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Information and Education

With the opening of the Korean Institute of Family Planning in 1971 the PPFK has concentrated on information and education and has sole responsibility for family planning education in Korea.

Extensive use is made of all forms of mass media and 1972 saw an increase in activities in this field. 1035 features on PPFK activities and 98 advertisements appeared in the press in 1972. Radio programmes included a serial drama, one act plays and interviews. In a 3 month campaign spots and jingles were broadcast 1470 times. 23 occasional programmes were shown on television and 303 spots were broadcast during a one month promotional campaign.

Since the beginning of 1972 a mobile IE&C van has been operating in the lower income areas of Seoul and the mining area of Kangwoon Province showing films to 19,300 persons. As a result, 110 IUD's were inserted and 20 vasectomies performed in the mining villages.

Posters and leaflets are widely distributed. Publications include "Family Planning", a quarterly journal; "Happy Home", a monthly magazine for Mothers Classes and Annual Report and an Activity Report. The Federation organizes a large number of seminars for journalists, teachers, youth workers and medical personnel.

Special Projects

1) Stop At Two Campaign

Activities centre around the "Stop At Two Campaign" which started in 1971 with the aim of promoting 2 as the ideal family size without distinction between sexes. In 1972 the Government formally adopted the campaign as national policy. The "Two Child Family Club" was started in 1971 in Seoul. In 1972 additional branches were established in 5 cities and expansion will continue until each province has a branch club. About 450 couples are members; they receive Federation newsletters and publications and benefit from paying only nominal fees at clinics.

2) The UNFPA is to fund a comprehensive IE&C campaign to be implemented by PPFK. The project will last for one year and is part of a four year intensive programme designed by the Ministry of Health and Social Affairs and the PPFK. Plans for the UNFPA project include wide and regular use of all forms of mass media. Recently the PPFK has begun to explore the possible outlet for family planning information through magazines and journals. The project will exploit this media more fully. A family planning song will be recorded and new audio-visual materials designed. Seminars will be organized for public opinion leaders. The UNFPA grant is for US$414,641.

3) A pilot project of Telephone Consultation was begun in 1973 and was extensively advertised on radio and television. Most inquiries were concerned with vasectomy (730) and resulted in about 75 operations, about 18% of the total number of vasectomies carried out by PPFK in 1973. Initially most inquirers were aged between 30-39 but the service is spreading to younger people.

4) Homeland Reserve Project

This campaign which was started in 1973 will cover 245 units all over Korea. It aims to persuade the Homeland Reserve Force to include family planning education and information on vasectomy within their existing training courses. Copies of a PPFK pamphlet "Wisdom for the Fugure" have been distributed and it is estimated that 600,000 men were reached through lectures by the end of the year. As a result of the campaign 248 vasectomies were performed by October 1973. PPFK also gave special training to 100 military trainers, in techniques of family planning education.

5) Education Project for Civil Servants

Since 1972 family planning education has become part of the in-service training courses for civil servants. PPFK has been given responsibility by the Ministry of Health and Social Affairs to conduct these lectures. 166 seminars were held in 1972.

6) Information and Education for Higher education Institutes

At a meeting held in April 1973 student editors decided to utilize their newspapers to carry family planning information for the student population. The programme was to be undertaken in 38 higher education institutions in Seoul during 1973 and was planned to be expanded to another 71 colleges this following year. PPFK plans to launch a two year education project to work in co-ordination with the students efforts.

Training

Since the establishment of the KIFP the Federation has concentrated on training to supplement its I&E parogramme. In-service training is given to staff, Mother's Class supervisors and leaders. About 1,050 Mothers Class leaders and supervisors received training in 1972. PPFK has supplied lectures for training courses run by other organizations, for e.g. the Midwives Association.

Research

PPFK has national responsibility for administring clinical trials of new contraceptives. Tests on Minovlar ED continue and the results of trials on Neovlar are being analyzed.

Evaluation studies have been done on the results of the telephone consultation service and on college student attitudes to the "Stop at Two" campaign.

A survey on the commercial resources available to family planning communications: a survey to determine the extent of the participation of midwives in family planning service delivery and a survey to determine the extent to which family planning services are provided by hospitals were carried out in 1972.

Government Programme

Address

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Ministry of Health and Social Affairs,
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REPUBLIC OF KOREA.

Officials: Dr. Kyung Shik Chang

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Services

The National Programme has 1,473 fieldworkers in 193 health centres and operates sub health centres in each of 1,473 townships; some 1,614 government designated private doctors work within the programme. Also 45 hospitals offer family planning facilities. There are about 180 health and family planning vehicles including 10 mobile units.

Methods

All methods are available and are provided free apart from orals which cost 8 c. per cycle and tubal ligation, the cost of which varies from hospital to hospital.

	Loop	Vasectomy	Oral	Condom
1964	106,397	26,256	0	156,301
1965	225,951	13,016	0	191,706
1966	391,687	19,942	0	169,610
1967	323,452	19,677	0	152,724
1968	263,132	15,953	52,358	135,191
1969	285,500	15,457	169,297	147,795
1970	295,100	17,321	170,512	162,986
1971	300,000	18,000	180,955	161,689
1972	307,000	n.a.	141,900	157,000

Orals were introduced in 1968. The programme was made possible by a grant of oral contraceptives by SIDA. The IUD programme was initiated in 1964 and is the most popular method. Nevertheless continuation rates for both IUD and oral acceptors are low. The rate of discontinuance of the pill is thought to be 50% within 8 months followed by periods of irregular use. Poor continuance rates are one of the major problems of the programme. Discontinuance is highest amongst younger women and in urban areas. Of the 43% who discontinued with IUDs 23% were protected by alternative contraceptive methods and many had abortions.

The vasectomy programme was started in 1962. It has proved most popular in urban areas and the Government's target of 20,000 acceptors for 1973 is likely to have been greatly exceeded; the estimated number of operations performed is about 32,000.

Information and Education

Information and motivation work for the Government programme is carried out by the Planned Parenthood Federation of Korea (see entry under that heading).

The Ministry of Education is designing and testing educational material for schools. PPFK is co-operating with the Government in this Sex Education Project. Curricula and textbooks studies have already been made and surveys of teachers and school children undertaken. PPFK are to establish a Responsible Parenthood and Sex Education Research Committee which will discuss the implementation of the project. Teachers will then be trained in two Universities and educational materials prepared.

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At present the PPFK distributes family planning materials to teachers in seven schools. It is hoped that the Government will take over this scheme in 1974.

Training

The training programme is the responsibility of the Korean Institute for Family Planning (opened 1971). The Institute also functions to co-ordinate research and to provide a central information service. The Evaluation Unit for the family planning programme is contained within the Institute.

546 workers were trained in 1973. But the turn over rate is so great that about 37% of workers in the field have not received KIFP instruction. However, the turn over shows some signs of dropping - from 30% in 1971 to 24% in 1972.

Plans and Evaluation

The National Family Planning Programme works on a target system such that governmental administrative units are responsible for specified achievement levels. Targets for individual methods were issued in the Government White Paper in May 1972:

Unit: '000 persons

	1972	1973	1974	1975	1976
IUD	300	350	350	350	350
Sterilisation	20	25	25	25	25
Condom (monthly Target)	170	160	170	180	190
Oral (monthly Target)	282	260	280	300	320

Problems

Despite the comparative success of its family planning programme (in 1970 one third of all married couples were using contraceptives) Korea will face a number of problems in the next few years:

1) The decline in birth rate has ceased or is declining at too low a rate to achieve the 1976 target without increased effort by family planning organisations.

2) The number of fertile women will increase from 5 million in 1970 to over 7 million in 1980, because of the post war baby boom.

3) Koreans show continued preference for large families and a desire for sons will cause many families to exceed 4 children.

4) Continuation rates, especially for IUD's and the oral pill, are low.

5) Decline in population growth rate has been helped in the past by a rise in age of marriage. Now, the age is levelling off and consequently this non-programme factor will no longer be of assistance in reducing rates.

The Government is also concerned that the rate of induced abortion is high. One out of 4 married women had at least one abortion in 1971. In Seoul city about 3 out of 7 pregnancies were aborted. An informational/ educational programme on abortion is needed.

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1) A population education programme to reduce male preference will be implemented and sex preference in the inheritance law will be corrected.

2) Abortion would be legalised (law modified 1973) and MCH services developed.

3) A "Population Policy Committee" is to be established under direction of the Prime Minister in order to promote ministerial co-operation.

PPFK's "Stop at Two Campaign" and projects in "ruban" slum areas will complement these activities.

The White Paper also announced that the Government wish to see the national planning programme transferred into a private programme by the year 2000 and for it to be continued thereafter.

Other Organizations

Yonsei and Seoul National Universities have played a major role in research, clinical tests and evaluation, carrying out studies such as the Koyang, Kimpo, and Sung Dong studies to compare the effectiveness of high and low intensity programme. The Population Council supports their work.

The Korean Institute for Research in the Behavioral Science is an independant, autonomous research organization which includes in its work studies of fertility behaviour and attitudes. It also functions as an educational institute.

Aid

The IPPF grant to PPFK in 1973 was US$490,000 and is $600,000 for 1974. In view of the UNFPA funding of the PPFK IE&C programme the IPPF grant is to be used for administration, salaries, branch extensions, clinical work and some pilot projects.

Other Assistance

SIDA assisted in establishing the Korean Institute for Family Planning. Its functions are: pre and in-service courses for family planning and related health workers, evaluation and research activities, and provision of field training experience for foreigners. SIDA had donated more than 5 million orals by the end of 1971. It has also supplied 8 large mobile units, and 30 land rovers.

US/AID has given full scale support since 1967, including contraceptive supplies, equipment, large vehicles and jeeps. US$75,000 has been allocated for the KIFP. The grant for 1972 was $436,000.

The Population Council has played a major role in financing, advising, evaluating and reporting on the family planning programme in Korea. Its grant to the PPFK in 1972 was $202, 254 and to the government, $150,193.

OXFAM have donated a mobile unit and helped to finance research projects. They provide subsidies to 15 clinics and hospitals. The grant in 1973/4 was $13,920 and will be $9,920 in 1974/5.

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Pathfinder Fund, the Asia Foundation, Family Planning International Assistance and Lutheran World Relief have also given aid.

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Situation Report

Distribution

BEST COPY AVAILABLE

Country SOMALI DEMOCRATIC REPUBLIC Date MARCH 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		637,660 sq.kms.
Total Population	2,365,000	4,500,000 (1972)[1]
Population Growth Rate		2.3% (1963-71)[2]
Birth Rate		45.9 per 1,000 (1965-70)[2]
Death Rate		24.0 per 1,000 (1965-70)[2]
Infant Mortality Rate		-
Women in Fertile Age Group (15-44 yrs)		-
Population Under 15 yrs		-
Urban Population		19.5% (1970)[2]
GNP Per Capita		US$70 (1970)[3]
GNP Per Capita Growth Rate		-1.1% (1960-70)[3]
Population Per Doctor		18,725 (1970)[2]
Population Per Hospital Bed		571 (1970)[2]

1. Local Estimate.
2. UN Statistical Yearbook 1972.
3. World Bank Atlas 1972.

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Report

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GENERAL BACKGROUND

The Somali Republic was formed in 1960 when the British Somaliland Protectorate and the Italian Trusteeship Territory of Somalia were joined together. In 1969, following a military coup, the country became the Somali Democratic Republic. The army remains firmly in command, and the Supreme Revolutionary Council (SRC) controls the Cabinet; all other political parties have been banned. Civilian influence is exercised by non-military appointments to a majority of portfolios and plans are underway to extend it in local affairs.

The Republic lies on the east coast of Africa with Ethiopia to the north-west and Kenya to the west. There is a short frontier with the French Territory of Afars and Issas by the Gulf of Aden. Large numbers of Somali peoples in this area and in Northern Kenya and Eastern Ethiopia, have been the cause of dispute between the Republic and her neighbours.

The population density per sq. km. is estimated at 4 (1971). The capital, Mogadiscio, had a population of 172,677 in 1967.

Ethnic Groups

Somali peoples are the major group; there are some Bantu and negroid peoples in the south.

Languages

Somali became the sole official language in October, 1972, replacing English, Italian and Arabic. The old official languages will continue to be used in all levels of education for three years, but after that Somali will take the first place.

Religion

Islam is the State religion. Most Somalis are Sunni Muslims. There is a small Christian community, mostly Roman Catholic.

Economy

In 1972, 70% of the country's foreign exchange earnings came from livestock and associated products. Bananas continue to be the most important agricultural export, providing about 30% of all exports. 75% of the people are nomadic. The Government is encouraging cotton planting, a fixed price for cotton was announced at the beginning of 1972. There are hopes, with European Economic Community (EEC) assistance agreed in July 1972, to start planting grapefruit. With only 5% of the cultivable land under production, attention continues to be paid to irrigation and land reclamation. The most important agricultural region is between the Shakele and Suba rivers and plans for its further development are under consideration. FAO has agreed to grant US$1 million towards agricultural development. The first stage of the Government's new plan will involve three fundamental projects: the Fenole Dam in Juba, salt works in Majirtinia, and the Mogadiscio-Bossaso-Burao road.

A Japanese and an Italian company participate jointly in a uranium exploration project. The Government is eager to attract mining activity, and a Department of Geology has been set up to supervise prospecting. A new mining code has been prepared which provides for

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Communications/Education

There are no railways, and few asphalted roads. There is an extensive road development programme designed to link the north and the south, and all the main towns and villages. The ports of Mogadiscio and Kismayu are connected by regular services with the ports of Eastern Africa and Italy. There are eight airfields.

There are two radio stations: the National Broadcasting Station, Radio Mogadiscio, broadcasts in Somali, English, Italian, Arabic, Swahili, Amharic and Qoti; Radio Somali broadcasts in Somali and relays Somali and Amharic transmissions from Radio Mocadiscio.

Newspapers:	2 per 1000 population (1970)
Cinema seats:	8.2 per 1000 population (1970)
Radio sets:	18 per 1000 population (1970)

There is no television service.

Elementary education and some intermediate education are free. All private schools, which provided about 2% of all school places, were nationalised in October, 1972. The illiteracy rate is high (90%). Some 1,500 students are studying abroad; there is a university which had 23 teachers and 791 students in 1972; a teachers' training college and several technical colleges in Mogadiscio. Following an appeal from the President, a new adult education programme was inaugurated in 1970: 565 adult courses were opened throughout the country and 20,500 people enrolled; 6,500 of these were women. In addition there are courses for housewives, lasting 3 to 6 months, which are designed to improve their skills in running a home and raising a family.

1969-70	Schools	Pupils		Teachers	
		Boys	Girls	Men	Women
Primary	204	26,383	6,425	838	154
Intermediate	88	14,243	3,151	653	60
Secondary	17	4,340	626	243	33

In 1973 primary school enrolments reached 45,000.

Medical/Social Welfare

The Government took control of all medical services in March 1972. No further private practice is permitted. The import of all pharmaceutical products was also brought under State control. The Government has publicly set its sights on free treatment for all but no target date has been fixed. A national Medical College in Mogadiscio was completed by voluntary labour during 1972.

Life expectancy for both sexes is 38.5 years (1965-70).

FAMILY PLANNING SITUATION

There is no organised family planning activity. UNFPA is assisting with a population census.

Sources

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" " " 1972-73.

Europa Yearbook 1970.

Situation Report

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International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

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Area		164,150 sq. kms.[1]
Total Population		5,140,000 (1970)[1]
Population Growth Rate		33%+
Birth Rate		46.3 per 1,000 (1965-70)[1]
Death Rate		16.0 per 1,000 (1965-70)[1]
Infant Mortality Rate		125 per 1,000 (1965-70)[1]
Women in Fertile Age (15-44 yrs)		849,663 (1966)[1]
Population Under 15 yrs		45.1% (1970)[2]
Urban Population		40.1% (1966)[1]
GNP Per Capita		US$250 (1970)[3]
GNP Per Capita Growth Rate		0.5% (1960-70)[3]
Population Per Doctor		7,348 (1967)[4]
Population Per Hospital Bed		405 (1969)[4]

+ Natural rate of increase (1965-70)
1. UN Demographic Yearbook 1971.
2. UNESOB estimate.
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GENERAL BACKGROUND

The Republic of Tunisia is a fairly small and densely populated country with a population of just over 5 million. The over-all population density is 31 per square kilometre, but most of the population is concentrated in the coastal areas, where the density exceeds 100. In coastal districts a wide range of agricultural products may be grown. The climate is also sufficiently attractive to allow for a flourishing tourist sector of the economy.

Ethnic Groups

The population is almost exclusively Arab.

Language

Arabic is the official language, spoken by the entire population. However, French is also very widely spoken, and taught at all levels in schools.

Religion

Islam is the state religion. However, civil legislation has modified certain religious precepts, for example, polygamy is no longer allowed.

Economy

Agriculture and mining are the basis of the economy. 60% of the labour force are engaged in agriculture. The chief agricultural products are wheat, olive oil, wine and fruits. Tunisia has several rich mineral deposits and is one of the world's largest products of phosphates. Iron ore and lead are the other principal minerals and oil production now amounts to over 3 million tons a year, which allows for an expanding export surplus.

Communication/Education

Communication within Tunisia is good, aided by the compactness of the country and the density of population. In 1970 there were 77 radios and 10 T.V. sets per 1000 inhabitants, and the newspaper circulation was 16 per 1000 inhabitants. In 1968 there were 9 cinemas per 1000 population.

The educational system is fairly advanced, and by now almost all the children attend primary school, with about 20 per cent continuing in secondary school. There is a university in Tunis, with a School of Medicine.

Health and Social Welfare

The basic health services are now within reach of more than 80 per cent of the population. A social security and pensions system is being introduced, patterned on that of the Scandinavian countries.

FAMILY PLANNING SITUATION

The National Family Planning Programme is now developed so that nation-wide coverage is obtained. All methods of contraception are available, including tubal ligation. Abortion is also available on socio-medical grounds. The voluntary family planning association concentrates on training and public information and education.

Attitudes

There is a broad based consensus in Tunisia on the necessity of the family planning programme, and it has full political and religious support.

Legislation

In 1961 a law was introduced abolishing the old restrictions on the sale and advertising of contraceptives. The abortion law was amended in 1965 making it available on social grounds to women having more than 5 living children. The law was further modified in September 1973 and abortion is now permitted on social and medical grounds during the first three months of pregnancy if performed by a qualified doctor. After the first three months abortion is allowed on medical grounds.

Several social welfare and civil laws have been modified to encourage lower fertility. Since 1960 family allowances for industrial workers have been limited to the first four children. Polygamy is no longer permitted. In 1964 the minimum age for marriage was raised from 15 to 17 for women and from 18 to 20 for men.

FAMILY PLANNING ASSOCIATION

L'Association Tunisienne de Planning Familial was created in 1968 and became a member of the IPPF in 1969. The main reason for its creation was a wish to strengthen the popular support for the family planning programme, where the IUD had been the cause of serious counter-propaganda because neither the personnel of the national health service nor the clients had been properly informed and educated about its side-effects.

Address

L'Association Tunisienne de Planning Familial,
80, Avenue Hedi Chaker,
Tunis,
TUNISIA.

Officials

President: Dr. Othman Sfar
Secretary General: Mrs. Fathia M'zali

Services

The main aim of the ATPF is the provision of training facilities and information and education of the public. The Association does, however, run one large pilot centre, the Montfleury Clinic, which is financed by the German Family Planning Association, PRO FAMILIA with a grant provided by the Ministry of Foreign Affairs. The Tunisian Government places personnel and contraceptive supplies at the disposal of the clinic.

As well as provision of contraceptive supplies and information, the clinic offers a marriage counselling and infertility guidance service. A hospital unit with 15 beds, is available for abortion and sterilization.

New acceptor figures as follows:

	1972	1973 (January-September)
Abortions	829	984
IUD	1141	1297
Orals	204	123
Condoms	209	133

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Orals	204	123
Condoms	209	133
Consultation	6833	n.a.
Tubectomy	132	127

Information and Education

The Association publishes a newsletter in French and Arabic and uses all forms of mass media for informational purposes.

In 1972 the Association gave attention to rural areas and to introducing family planning into industrial and public concerns. A fieldworker is stationed in each of the Provinces, attached to the local branch of the FPA and carries out the groundwork for motivational campaigns. Using the cinerama unit the fieldworkers gave film shows in rural areas, schools, social centres and factories. In 1972 a total of 72,000 people were reached in this way.

The Association has organised an education and information campaign in several factories. Workers are given an illustrated talk and a social worker or health educator is available to give individual advice. A social worker then visits the homes of participants in order to contact their wives. Potential acceptors are referred to the nearest family planning centre. Results so far have been very promising.

Two seminars on vasectomy were organised in 1972.

The Association began to develop plans in 1972 for the integration of family planning into secondary school curricula for all ages. Family planning has already been incorporated into certain subjects and into the courses for final year students.

In April 1973 the Association organised a nationwide family planning week which was also used as an input in the IPPF Anniversary Year. Plays and competitions were organised and posters produced and the week was highly successful. In some parts of the country the family planning clinics were unable to cope with the increased demands for advice and services in the days following the week.

Training

The Association gives priority in its programme to the training of family planning personnel both for its own work and for the national programme. 26 social workers and 101 health workers were trained in 1972. The practical part of the courses takes place at the Montfleury clinic where courses are also organised for the IPPF Middle East and North Africa Region; two such regional courses were arranged in 1973, one for physicians and one for social workers.

In 1972 the Institute of Family Planning, with the collaboration of the ATPF, organised one course to train 20 midwives and another for 14 obstetrical nurses.

Courses are also organized at branch levels.

GOVERNMENT

The official family planning programme was initiated in 1966 under the auspices of the Ministry of Health and had been preceded by a two year experimental programme set up in co-operation with Ford Foundation. Technical assistance was provided by the Population Council.

In 1972 overall co-ordination of family planning activities in Tunisia were placed under the National Institute of Family Planning, with which the Association co-ordinates closely. The Directorate of Maternal and Child Welfare in the Ministry of Health is responsible for executing the programme.

The demographic aim, expressed in 1966, was to lower the crude birth rate from

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Tunis.

Officials

Director General: Mezri Chkir

Services

Tunisia has over 300 family planning centres distributed all over the country, including 18 provincial hospitals and 45 other hospitals, 89 MCH Centres, 56 dispensaries and 102 other localities. 14 mobile units are operating in the remoter areas on a scheduled basis. The clinic statistics since the beginning of the national programme are:

Year	IUD Insertions	Oral Contraceptives	Tubal Ligations	Social Abortions
1966	13,850	350	777	1,393
1967	9,518	591	755	1,331
1968	9,304	4,780	1,610	2,242
1969	8,696	7,867	2,513	2,860
1970	9,638	9,959	2,573	2,696
1971	12,400	11,800	2,300	3,197
1972	13,100	13,000	2,500	n.a.

Information and Education

There is close co-ordination between the Association and the national programme in this sphere with the Government, like the ATPF, producing a wide variety of motivational materials as well as programmes for radio and television.

Research

Several research and evaluation projects have been conducted on subject related to family planning. A nation wide KAP Survey was carried out before the national programme was initiated.

In 1966 a national sample survey was conducted in order to make accurate fertility, mortality and population estimates.

There have been several studies on continuation rates and client characteristics, and at present a number of tests with the modern contraceptives such as the copper-IUD's and Injectables are taking place.

IPPF Assistance

The IPPF grant to the Association Tunisienne de Planning Familial was US$32,000 in 1972 and US$48,000 was allocated for 1973. In addition, modest supplies of transport and audio-visual commodities have been made.

Other Organisations

A large number of other bodies have been assisting the national programme or the association in Tunisia at various times.

Ford Foundation - provided support for the Government programme from its outset, and has also assisted CERES, the National Centre for Social and Economic Research in various demographically oriented activities.

The Population Council - has given technical assistance and has maintained

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The Population Council - has given technical assistance and has maintained resident technical advisors throughout the life of the programme, operating on a Ford Foundation grant for part of its programme.

The Swedish International Development Agency - has assisted in the MCH and Family Planning aspects of the programme, and has had a resident advisor in communications in Tunis.

The Dutch International Development Agency - is providing US$235,000 for personnel and supplies to strengthen the family planning programme.

The German Family Planning Association, Pro Familia, supports the Montfleury Centre of the AIPF with funds provided by the Federal Government. By the end of 1972 a total of about US$50,000 had been released.

International Development Association - in 1974 placed a "soft loan" at the disposal of Tunisia to be used for the improvement of family planning services including the strengthening of the basic health service infrastructure in general. The project will be concluded in 1975, and the total credit is for 4.8 million dollars.

USAID - has been a major source of assistance to the programme since 1968. By now AID has given assistance totalling more than US$1,000,000.

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